

State of Tennessee Department of Health

Use Agreement for Internet Services

Access has been granted to me by the Department of Health, as a privilege, for me to perform authorized job duties and responsibilities for the Department of Health. I have read, understand, and agree to abide by the "State of Tennessee Internet Acceptable Use Policy" and the following additional agency terms and conditions which govern my use of these services:

- I will not use or knowingly permit the use of any access control mechanism (e.g., log-in ID, password, terminal ID user IDs) for any purpose other than that required to perform authorized job duties.
- I will not disclose any access control mechanism, unless authorized to do so, in writing, by the Department of Health.
- I will not use any access control mechanism which has not been expressly assigned to me by the Department of Health.
- I will report, to Department of Health management, any observations of attempted security violations or illegal activities as defined by local, state, or federal laws.

By signing this agreement, I certify that I understand the terms and conditions of this agreement and that I accept responsibility for adhering to the agreement. I also acknowledge my understanding that any infractions on my part may result in disciplinary action up to and including termination of my Internet access privileges.

Employee or Consultant Name (Print):

Employee or Consultant Signature:

Date:
